

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212539341		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ST. CHARLES HEALTH COUNCIL, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: GREG EDWARDS 1 MAIN STREET P.O. DRAWER S</p> <p>ST. CHARLES, VA 24282</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2012</p> <p>SCC ID NO: 01481662</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LEE COUNTY</p>				
<p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p>				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 185 REDWOOD AVENUE SUITE 102</p> <p style="text-align: center;">CITY/ST/ZIP: PENNINGTON GAP, VA 24277</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
NAME: ALETA SPICER TITLE: TREASURER ADDRESS: 27050 SHORTSVILLE RD CITY/ST/ZIP/CO: ABINGDON, VA 24210	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: GREG EDWARDS TITLE: V CHAIRPERSON/D ADDRESS: PO BOX 825 CITY/ST/ZIP/CO: JONESVILLE, VA 24263	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: EDWARD A MATNEY TITLE: CHAIRPRSN/DIR ADDRESS: P O BOX 951 CITY/ST/ZIP/CO: GRUNDY, VA 24214	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: CHESTER MONTGOMERY TITLE: SECRETARY ADDRESS: 2873 OLD NUSERY ROAD CITY/ST/ZIP/CO: ROSE HILL, VA 24281	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: CHARLES HAY TITLE: DIRECTOR ADDRESS: P O Drawer H CITY/ST/ZIP/CO: HAYSI, VA 24256	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: LINDA ROBINSON TITLE: DIRECTOR ADDRESS: 1005 MEMORIAL DRIVE CITY/ST/ZIP/CO: CASTLEWOOD, VA 24224	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		

NAME:	BETTY ROSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1189 JOHNSON SETTLEMENT ROAD		
CITY/ST/ZIP/CO:	CASTLEWOOD, VA 24224		
NAME:	DAVID SHANAHAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 629		
CITY/ST/ZIP/CO:	GRUNDY, VA 24614		
NAME:	YVONNE YORKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 37		
CITY/ST/ZIP/CO:	CASTLEWOOD, VA 24224		
NAME:	MARY KAY EDWARDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P. O. BOX 148		
CITY/ST/ZIP/CO:	BEE, VA 24217		
NAME:	EARL JOHNSTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	718 OAKWOOD AVENUE		
CITY/ST/ZIP/CO:	PENNINGTON GAP, VA 24277		
NAME:	JAN HARBER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ROUTE 1 BOX 1438		
CITY/ST/ZIP/CO:	DRYDEN, VA 24243		
NAME:	ANNMARIE MACKWAY GIRARDI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P. O. BOX 249		
CITY/ST/ZIP/CO:	EWING, VA 24248		
NAME:	DOUBLAS MCCONNELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ROUTE 2 BOX 355		
CITY/ST/ZIP/CO:	ROSE HILL, VA 24281		
NAME:	NANCY GIBSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	980 HOLINESS HOLLOW ROAD		
CITY/ST/ZIP/CO:	EWING, VA 24248		
NAME:	JAMES BISHOP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	33004 BENNINGTON WAY		
CITY/ST/ZIP/CO:	DAMASCUS, VA 24236		
NAME:	GARY BUSH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	308 BROWN STREET		
CITY/ST/ZIP/CO:	APPALACHIA, VA 24216		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THELMA HARRINGTON DIRECTOR 20483 AZEN ROAD DAMASCUS, VA 24236	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEAN MARTIN DIRECTOR 602 CHURCH AVENUE PENNINGTON GAP, VA 24277	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ GREG EDWARDS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GREG EDWARDS, V CHAIRPERSON/D PRINTED NAME AND CORPORATE TITLE	10/12/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			